

JAN. 11. 2012 4:55PM

NO. 6899 P. 2

**COX | SMITH**

ATTORNEYS

January 11, 2012

Via Facsimile

Mail Stop 16  
Director of the US Patent and Trademark  
Office  
PO Box 1450  
Alexandria, VA 22313-1450

01/26/2012 CKHLOK 00000011 6244316  
01 FC:1559  
Derrick A. Pizarro  
Registered Patent Attorney  
1240.00 OP  
dpizarro@coxsmith.com  
210.554.5461

Re: Refund Request for U.S. Patent No. 6,244,316 (Cox Smith ref. no. 30810.41)

Dear Sir or Madam:

Attached are copies of the following documents:

1. Copy of Monthly Statement of Deposit Account dated 11-30-11;
2. Copy of Acknowledgement of Receipt Postcard and copy of check no. 107459 in the amount of \$1,240 for Payment of Fee Deficiency mailed on September 21, 2011; and
3. Copy of Notification of Loss of Small Entity Status and Payment of Fee Deficiency filed September 21, 2011.

The Registrant filed the Notification of Loss of Small Entity Status and Payment of Fee Deficiency on September 21, 2011 with payment of associated fees by check no. 107459 in the amount of \$1,240.00. Therefore, Registrant's deposit account no. 03-3483 should not have been charged the \$1,240 deficiency fee and requests a refund for the said fee.

If you have any questions or require further documentation, please contact the undersigned at 210-554-5461.

Respectfully submitted,



Derrick A. Pizarro

Reg. No. 52,126

Enclosures

Circular 230 disclosure: Pursuant to Department of Treasury Circular 230, this correspondence is not intended or written to be used, and may not be used by the recipient, for the purposes of avoiding any federal tax penalty which may be asserted.

Adjustment date: 01/26/2012 CKHLOK  
11/09/2011 CKHLOK 00000001 033483 6244316  
01 FC:1552 1240.00 CR -1240.00 OP

AUSTIN DALLAS EL PASO MCALLEN SAN ANTONIO

COX SMITH MATTHEWS INCORPORATED  
112 East Pecan Street | Suite 1800  
San Antonio, TX 78205  
210.554.5500 tel | 210.226.8395 fax  
COXSMITH.COM

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 1-25-12 2 Serial/Patent # 09/379,148

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other	9-23-11		\$ 1,240.00

1552

7 TOTAL AMOUNT OF REFUND \$ 1,240.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

03-3483

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Karen Creasy TITLE: Petitions Examiner

SIGNATURE: /Karen Creasy/ PHONE: 2-3208

OFFICE: Petitions

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APPROVED: CK/CLK

DATE:

1/26/12

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B